PHYSICIANS should state ECORD. Every item of inforof OCCUPA. Exact statement carefully supplied. AGE should be stated EXACTLY H UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY mation should be V. S. No/1

1. PLACE OF DEATH	OF MARTLAND	CERTIFICATE OF DEATH	04113
County Mon	* gomesu	Registration Dist. No.	1.62
Village or City Preho	-J6- 1	No. S f death occurred in a hospital or institution, give its NAME instead of street	t Ward
Length of residence in city or town whe			
2. FULL NAME (a) Residence: No. / No.	(Usual place of abode)	St., Ward.  If nonresident give city or tow	vn and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	тн
Nale 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wilanus @	21. DATE OF DEATH  (Month)  (Day)	, 193.3 (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I att.  morely 12-11, 1932, to depth 9	13794
6. DATE OF BIRTH (month, dey, end yeer)	July 9 1857		0.2.2.: death is said
7. AGE Years Months		to have occurred on the dete steted above, at 10 Pm.	
75 9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Data of onset
8. Trede, profession, or perticular kind of work done, as SPINNER.	Larmany.		Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1.	arteriorelessis	1920
work wes done, es SILK MILL, SAW MILL, BANK, etc.		Cerebral tochema	3 marc
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (yeers) spent in this occupation	Coronary J' Clerosis	1932
12. BIRTHPLACE (city or town) MIC	uyland.	Other Coatributory Causes of Importence:	ay a familia
(State or country)	7 12 1	Chronic ouslipation	1905
14. BIRTHPLACE (city or town)	1. Bailey.		
14. BIRTHPLACE (city or town)	7.4.	Neme of operation	e of
(State of Country)	0200	Whet test confirmed diegnosis? Was the	re an aulopsy?
15. MAIDEN NAME ACCEPTAGE (CRY OF LOWIN)	- 7 notand	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the fol	llowing:
16. BIRTHPLACE (chy or town)	227-	Accident, suicide, or homicide? Date of Injury	, 19
- (State of country)	\$ n	Where did injury occur? (Specify city or town, county ar	nd State)
17. INFORMANT / horizon	horthe - mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Daje Ofer 12, 1933	Menner of injury	
19. UNDERTAKER Smith (Address) Lail	husbring 0	24. Wes diseese or injury in eny wey releted to occupetion of deceese	d? 775
20. FILED 4/11 , 19 33 m	no W. T. Peale - Registrar.	(Signed) (Address) Authority	Frud M. D.
If mo	ore blanks are needed, address State Registrar	24TY N Charles Street Releimore Dequetting 91 S No.	

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritoritis	3 days ago
DUDYAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS II UNFADING INK-THIS IS A PERMANEN properly classified. stated EXACTL MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. be AGE should mation should be carefully supplied. N. B.-WRITE PLAINLY,

1. PLACE OF DEATH	CERTIFICATE OF BEATTI	114
	(79)	ب
County / oulg once	Registration Dist. No. 212	Y
Village or City Was handlan Strove	No. St.,	Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and nu-	
2. FULL NAME alton Cashell (	3.00	
(a) Residence: No. Washington (Moule place of bode)	St., Ward. Ward If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Phile Married (write the word)	(Month) (Day)	193 3 (Year)
5a. If married, widowad, or divorced HUSBAND of		
(or) WIFE of Silver St. (Self	22.   HEREBY CERTIFY, That + attended do	mort bessess
Mal-4-1875	Viewer remains - upu	4, 193.3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	last saw h alive on alway 6 15	death is seid
5-7 5- 30 I day,hrs.	to have occurred on the data stated above, at	
ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	D. 0000	
9. Industry or business in which	Julianian	
SAW MILL, BANK, etc. Office	2	
10. Oata deceased last worked at this occupation (month and spent in this		
year) occupation	Ohber Contribute Control importance	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)		
13. NAME C. O. Belf		
13. NAME . a. Bell 14. BIRTHPLACE (city or town) . Manyland	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Comma Cashelf	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suicide Date of injury 4 -	3 19 33
X (State or country)	Where did injury occur? Washington grow	-
17. INFORMANT Mrs albon & Bell - mile	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) Washingland From hid	Public railroad -	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Skull & routing by pla	reng
Place O Chvelle Miny Oats Up 5 ,1933	Nature of Injury head in way & Thrown	y train
19. UNDERTAKER DM. Frubry Tumbling	24. Was disease or Injury in any way related to occupation of deceased?	
(Address) Po chavilly mg.	If so, specify	
20. FILED Cepril 5 19 33 abreida J. Cooke	(Signed) Win S. Muypely-	M. D.
Registrar.	(Address) Rollwill Ind	

STATE OF MADVI AND-CEPTIFICATE OF DEATH

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	04115
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1. PLACE OF DEATH		34			
County Moulgomery			Registration	Dist. No. 2	/3
Village or City thehnate	-	No.		St.,	Ward
		death occurred in a hospital or insti		E instead of street and	d number)
Length of residence in city or town there death occurred	yrsmos	ds. How long in U.S.If	of foreign birth?	yrs.	mosd:
2. FULL NAME TO Well Sas	hear				
(a) Residence: No. Prochoille	and	St., Ward.			
· (Usual place	of abode)		If uonresiden	t give city or town as	nd State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL (	CERTIFICATI	E OF DEATH	
OR-DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Mul (Month)	/8 (Dey)	193 3
5a. If married, widowed, or divorced			(MOII(II)	(Dey)	(Yeer)
HUSBAND OF Virgie TAN Brash	lear	22 quan 19 EREB	Y CERTIF	X. That I attende	d deceased from
DATE OF BIRTH (month, day, and year) May 24	-1889	I last saw have alive on	april	18 ,193	3.; death is sai
AGE Years Months Days	If LESS than	to have occurred on the date sta	ted above, at.	300 m.	
44 11 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATII end related cau	ses of importance	1
8. Trade, profession, or particular		20			Date of onse
kind of work done, as SPINNER, Carpenles		Chronic 4	mocan	della	1/4/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this securation (month and					7-1
SAW MILL, BANK, etc					
The state of the s	ent in this				
1 - year ) (V/TV	cupation refe	Other Coutributory Causes of Im	portance:		
12. BIRTHPLACE (city or town)		D			melen
(State or country) trederick to.	ad .	Juls-			
13. NAME Christian T. Bran 14. BIRTHPLACE (city or town)	when				
14. BIRTHPLACE (city or town)		Name of operation		Date of	1
(State of country)		What test confirmed diagnosis?		Wes there ar	autopsy?
15. MAIDEN NAME Lielie mc. Clay		23. If death wes due to external c			
15. MAIDEN NAME diele Mc Clay  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?			-
(State or country) ma_		Where did injury occur?			
17. INFORMANT Muss L. E. Branshar		Specify whether injury occurred	(Specify city o	r town, county and St	ate)
(Address)2700 - 4 LL- h. E.	Cly -			, 01 111 1 100 110 1	Eriot.
18. BURIAL, CREMATION, OR REMOVAL	-	Manner of Injury			
Placetrederich me Date up	. 21,1933	Nature of injury			
Warrel & P	18.	24. Was disease or Injury In any	way related to ac-	ation of decrees	w
(Addiess) Richard	Sand (	If so, specify	way related to occup	pation of deceesed?	
	0	(Signed)	1401	V/RO	
20. FILED 4-20, 1933 hum. U.J.	Iracl-		19- h-	181 2	P M. I
	Registrar.	(Address)	A. G.F. V.	V.V.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	1		e
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAUE	LOI	L O WITTIE	STATISMINITING	DI	THESTOICH

V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14116
1. PLACE OF DEATH	71-0
County montgomery	Registration Dist. No. 217
Village or City 3 Shey 7	No. St., Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
m0 '1 0	ds. How long in U.S. if of toraign birth?yrsmos,ds.
2. FULL NAME Thomas H. Surr	
(a) Residence: No. (Ush place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Morth) Day) (Year)
5e. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mary Gray Duriso	apt 3 1, 1933, 10 apr 9th, 1933
6. DATE OF BIRTH (month, day, and year) Opril 26, 1860	I last saw in in elive on apr 94 , 1933; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, et. A. Q.s.m.
72 1 1 14 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as tollows:
8 Trade protession or particular	Mele as colonia de de se
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Nadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
O 10. Oate deceased last worked et 11. Total time (years)	
this occupation (month end 4/2/33 spent in this occupation 50	
12. BIRTHPLACE (city or town) maryland	Other Contributory Causes of importança:
(State or country)	John Meuronia 1 2-2
II 13. NAME I homas H. Burgs	
14. BIRTHPLACE (city or town) Mary land	Name of operation work Date of
(Stete or country)	What test confirmed diagnosis? World Was there an autopsy? HO
15. MAIOEN NAME Elizabeth Ray	23. If death was due to external causes (VIOLENCE) fill in also the tollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Mary gray Burriss	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Mt Carmel med Oate apr 12 1933	Nature ot injury
19. UNDERTAKER Roy W. Barber	24. Was disease or injury in any way related to occupetion of dacaasad?
(Address) Lay throughle and	If so, spacity
20, FILEO april 2 1933 Cs. (Sarnsley	(Signed) Chase Sumpleso (M. D.
Registrar	(Address) & Sound 1 OP : 551

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No/1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis :	3 days ago
		CANGSELL CALL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	<u>—————————————————————————————————————</u>
County Montgomeny.	Registration Dist. No. 2/6
Village or City Please Phase	No. 217 Raymond St., War death occurred in a hospital a justification, give its NAME instead of street and number)
	ds. How long In S. if of foreign birth?yrsmosd
2. FULL NAME Ira Herbert 13 unton	
(a) Residence: No. 2 / 7 Royand (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caleline Sally Morris	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, end year) Opin 27 1852	1932   1   1933   1   1933   1   1933   1   1933   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. H., m,
80 11 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, oil well duller SAWYER, BOOKKEEPER, etc.	Chemma 9 pmiso
kind of work done, as SPINNER, oil will duller SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (marth and	Cardo Vescalar send
11. Total time (years) spent in this occupation (menth and year)	2 manima
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Main	
14. BIRTHPLACE (city or town)	5
(State of country)	Name of operation Punch Date of \$ - 20-3  What test confirmed diagnosis? Pitalogical Was there an autopsy? Ma
15. MAIDEN NAME Journe Smith	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Eva V Clark (grandleyfuln	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pa Date Copy 6 th, 1933	Menner of injury
19. UNDERTAKER STATISTICS CO (Address) 2901-14 to work 110	24. Was disease or injury in any wey related to occupation of deceased?
20. FILEDAJER 6, 1933 D. B. C. Perry Registrar.	(Signed) famus & Davidson M.  (Address) 2 2 3 Elen Chen than md

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

1. PLACE OF DEATH	me and	23		2	130
County	77700		Registration	Dist. No.	2
Village Dr City	wiften	NDND(If death occurred in a hospital or institu	tion, give its NAME	St.,	Ward number)
Length of residence in city or town where	death occurredyrsm	osds. How long in U.S. if o	f foreign birth?	yrs.	mosds
2. FULL NAME TONG	Coules	*	7		
(a) Residence: No.	windown, 11	14 St., Ward.			CLEVEL DO
	(Usual place of abode)			give city or town ar	d State
PERSONAL AND STATIST	ICAL PARTICULARS		ERTIFICATE	OF DEATH	
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH	(Month)	25/-	, 193 3 (Year)
a. If married, widowed, or divorced	1			. ,,	
HUSBAND of (or) WIFE of	en Contes	22. SUNDEREBY	CERTIF	Y, That I attende	d deceased Iro
6. DATE OF BIRTH (month, day, and year)	Leph 10 -1873	I last saw h alive on	4-29	193	🚉 ; death is sa
AGE Years Months	Days If LESS than 1 day,hi	I THE PRINCIPAL CAUSE OF DEAT		-Am. es of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lay be three	were as follows:	tit	<b></b>	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Vadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	farms	Plurisy			9/1/3
SAW MILL, BANK, etc	193 11. Total time (years)	Puhrown	Low	enentisis	9/1/3
year)	occupation	Dther Contributory Causes of impo	ortance:		
12. BIRTHPLACE (city or town)	de de			*************	
13. NAME Honey Cia	tts,				
13. NAME Hong Com  14. BIRTHPLACE (city or town)	rd-	Name of operation		Date of.	
(State of country)		What test confirmed diagnosis?		Was there ar	aulopsy?
15. MAIDEN NAME Prinal	i Deggy	23. If death was due to external car	uses (VIOLENCE) fil	I in afso the followi	ng:
15. MAIDEN NAME Minal  16. BIRTHPLACE (city or town)  (State or country)	rd .	Accident, suicide, or homicide?		Date of injury	, 19
17. INFORMANT Ella Center (Address)	antom lica	Specify whether injury occurred i	(Specify city or n INDUSTRY, in HO	town, county and Si ME, or in PUBLIC F	ate) PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Date also 27 102	Manner of injury			
19. UNDERTAKER	geligge 11	24. Was disease or Injury in any w	vay related to occup	ation of deceased?	
(Address) (Address) (2D. FILED 4/26 , 1933 W	In A Thomas to	If so, specify (Signed)	Spin	il	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		gangos»	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

244 - 67

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	L	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2.0 B, SA U			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS	BY :	PHYSICIAN
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vi

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA. 2H UNFADING INK-THIS IS A PERMANENT supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. TION is very important. N. B.-WRITE PLAINLY, W. mation should be caref

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(C) (M) (U4	441
county Sichital U. Doy	Registration Dist. No. 2/2	
Village or City Boyds. Marila	Ca.	Ward
Length of residence in city or lown where deeth occurred 69 yrs 40 mos	death occurred in a horpital or institution, give its NAME instead of street and nu. 6. ds., How long in U.S. if of foreign birth?	mber)
2. FULL NAME CIRCLE da 3 DA	us Hebron	
(a) Residence: No. Boyde Wd.	St., Ward.	
O(Usual place of abode)	If nonresident give eity or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINCLE MARDIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
Fernale negro OR DIVORCED (prize the word)	21. DATE OF DEATH  (Month)  (Day)	193
5a. If married, widowed, or divorced HUSBAND of Orn WIFE of Win. W. Hebrone.	22. I HEREBY CERTIFY. That I attended de	
6. DATE OF BIRTH (month, day, and year) \\ \( \lambda \) \\\ \( \lambda \) \\ \( \lambda \) \\\ \( \lambda \) \\ \( \lambda \	Hast saw h. Oh. alive on Chard 29th, 1933:	, 19.22.
7. AGE Years Months Days I'll LESS than	to have occurred on the date stated above, at & Am.	death is said
59 10 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER,	Cerebral Embolina	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et  11. Totel time (years)	Chromiz hyrautitio	19/20
work was done, es SILK MILL, Househoping & Home Fair	ey arland toleroses.	1925
11. Total time (years) this occupation (month end year) year)  11. Total time (years) spent in this occupation occupation		
12. BIRTHPLACE (city or town) Boylo Wd (State or country)	Other Contributory Canses of Importance:	
13. NAME Rules Nove		
14. BIRTHPLACE (city or town) hund. Co lyd.	Name of operation Date of Date of	
(State of country)	What test confirmed diagnosis? Obstant Westhere an au	onsv?
15. MAIDEN NAME Wartha. Duley.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Wasting. Duley.	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) Rend Se - WA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Buyds Date 1933	Nature of injury	
19. UNDERTAKER LA GALVERI (Address) Layermelly Ud	24. Was disease or injury in any wey related to occupation of deceased?	
20. FILED May 1, 1933 Mrs. Clasell Hilton	(Signed) Listen brough	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	4.01
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	AL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(	item of infor-	should state	of OCCUPA-	
•	RECORD, Every	PHYSICIANS	exact statement	
OR BINDING,	S A PERMANEX	ated EXACTLY.	coperly classified. I	rtificate.
MARGIN RESERVED FOR BINDING	ING INK-THIS I	AGE should be st	e that it may be pr	tions on back of ce
MARGIN	, III UNFADI	refully supplied.	I'in plain terms, se	rtant. See instruct
T	-WRITE PLAINLY, III UNFADING INK-THIS IS A PERMANEY RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

1. PLACE OF I		OF MARYLAND—	CERTIFICATE OF DEATH 0412	1
County			Registration Dist. No. 218	
	Gaithe	na hun a		Mana
vinage of City_	dar one.	r spar &	No	_Ward
Length of residence			ds. How long in U.S. if of foreign birth?yrs,mos	ds
2. FULL NAME	***************	W Fields		
(a) Residence:	No. Gaither	rsourga (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL	AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	- arrest
3. SEX  Male  5a. If married, widowed,	White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (North) 19 (Day) 193	S ear)
HUSBAND of (or) WIFE of	Parian	V. Fields	22. I HEREBY CERTIFY. That I attended decease 1932 to april 19 19	
6. DATE OF BIRTH (mon 7. AGE Years 1853 79	Months	Days If LESS than 1 day, hrs. or min.	I last saw have alive on Africa 1/9, 1933; death to have occurred on the date stated above, at 3:000 m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	is said
SAWYER, BO 9 Industry or busi work wes don SAW MILL, B 10. Dato deceased la	e, as SILK MILL, ANK, etcst worked at in (month and	Publisher.  Publisher.  11. Total time (years) spant in this occupation.  yland	outeriona /	3.2
(State or country)		elds		
13. NAME MS 14. BIRTHPLACE (cit (State or cou	y or town) Md		Name of operation	7
(State or cou	Rebecca y or town)	Md	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?	
(Address)  18. BURIAL, CREMATION ROC Plece		iersburg Md  Id Apr 2I 19 33	Manner of Injury	
19. UNDERTAKER E.T. (Address) 20. FILED Capelo		Fishing Md	24. Wes disease or injury in any way releted to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis  Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	PLAINL	and the same
	WRITE	
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V. S. No. 1		-
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02		2
-		-

PLACE OF DEATH  County Monlyomen	STATE OF MARYLAND CERTIFICATE OF DEATH
/ /	Registration Dist. No. 2/3
Village or City Dermond (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME in stead of streat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.  WIDOWED. (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19233 to 1923 that I last saw handley body 1923
7 AGE If LESS than I day hrs. wos. ds. or min.?	and that death occurred on the date at at ad above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos ds
10 NAME OF FATHER Charles 7. Finh	(Signed) (Address) (Address)
OF FATHER (State or country)  12 MAIDEN NAME  O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	ients or Racent Residents)  At place of deathyrsmosds. Stateyrsds
(Informant) Charles & Faih:	if not at place of death?  Former or usual residence
(Address) Derwood#/	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  April 5, 1956
Filed 4/5/33 192 Mus. H. J. Mall—Ragistrar	Charles Tink Derrood  ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
if more blanks are needed, address State Registra	it, 10 its natural meil matter! traduction

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be cough; Committee on Chronic valvular heart disease; etc. Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Example I	li li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Neaves 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MADVI AND CEDTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTL properly classified.

H UNFADING INK-THIS IS A PERMANEN

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. PLAINLY,

-WRTTE

V. S. No. 1 ä ż

FOR BINDING

MARGIN RESERVED

ECORD. Every item of infor-

1. PLACE OF DEATH	(53)
County // wight	Registration Dist. No. 2/6
Village or City Change	NoSt.,V
Length of residence in cify or town where death occurred 10 yrs	If death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos
11.1.1.11	3.10
2. FULL NAME PROTUCT LEUCH	
(a) Residence: No. 1 1 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	My 23 193 3
a. If married, widowed, or divorced	Month) (Day) (Yea
HUSBAND of Chan Latte Bailey	22. HEREBY CERTIFY, That I aftended deceased
A 1150	1932, to 1932,
DATE OF BIRTH (month, day, and year)	Wast saw Mann alive on 1911 2 1 1933; death is
AGE Years Month's Days If LESS than I day,hrs	to have occurred on the date stated above, at 12.05 p.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
44 / 23 ormin.	were as follows: Oate of
8. Trade, profession, or particular kind of work done, as SPINNER, Duggers	Myda Cazemona 7
SAWYER, BOOKKEEPER, etc.	Coldon Court too diversely
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	when first seem to assertain premary
10. Dafe deceased last worked at this occupation (month and	seat of the cancers Crost B.
this occupation (month and spent in this 25 go	
2. BIRTHPLACE (city or town) Ludous Courts	Other Contributory Causes of importance:
(Stafe or country)	- I L
13. NAME John L Gill	Vhrosthant o
14. BUTH LACE (city or town)	Name of operation Et bloods / spendary Date of San /
- (State of Country)	What test confirmed chagnosis? Messages Was there an autopsy?
15. MAIDEN NAME Sur Feith	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Wallser Gill	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) /2/ W Brodley Fine	TENCE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Many marcerote 725 , 1933	Nature of injury
9. UNDERTAKER N-17. Tabler	24. Was disease or injury in any way related to occupation of deceased?
	o. o. o. o. o. inlet) in any may telated to occupation of necessed!
(Address) Mark 10-6	If so, specify 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance  Gastroenteritis	1 year

Registrar.

alone 116 le

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		103/0-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every atom of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTL properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE PLAINLY, W V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	200
1. PLACE OF DEATH	(las)	12
County Montgorgery	Registration Dist. No. 2	3
Village or City Rockwill Maryland	No. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Langth of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? 25 yrsmo	osds.
2. FULL NAME Dora Grossman		
(a) Residence: No. Roch ville Manyland	St Ward.	
(Usual place of agode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowed	21. DATE OF DEATH 25 (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended	d
(or) WIFE of Louis d. Drossman	22. I HEREBY CERTIFY. That I attended	daceased from
6. DATE OF BIRTH (month, day, and year) Curky	Hast saw her alive on Waril 24' 1933	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6_ Am.	,
823 Welsager Herry gramming	The PRINCIPAL CAUSE OF DEATH and related causes of importance weseens follows:	
8 Trade profession or particular Necessary	Pulmonary Embolism	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cohen Pneumonia Secondary	1
9. Industry or business in which work was dona, as SILK MILL, A Roul	myrcarditio	1927
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  12. Total time (years)  13. Total time (years)		
12. BIRTHPLACE (city or town) Russian luckuran (State or country) Russian	Other Contributory Causes of importance:	1920
13. NAME In chila BULDEA		
13. NAME Joseph 13 alack  14. BIRTHPLACE (city or town)	Name of operation.	
(State or country)	What test confirmed diagnosis? Abservat Purished	H'onsy?
I 15. MAIDEN NAME ROCKEL ( L. Krasser)	23. If death was due to external causas (VIOL ENCE) fill In also the following	
15. MAIDEN NAME Ruchel (Lukuour)  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	19
(State or country)	Where did injury occur?	
17. INFORMANT Mrs Samuel Grownay (Address) Lockville My	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Mosting Treatment & My	Manner ol injury	
Place Labour Country Oate 4/20 ,193	Natura of injury	
19. UNDERTAKER - Levenson (Address)  Worth and Ballings M	24. Was disease or injury in any way related to occupation of deceasad?	no.
20. FILED April 25, 1933 U. Manuelles Registrar.	(Signed) Uplen & name (Address) Dansburg M	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Evample II

Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURMAU	- V		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
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		700	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis E	1 year

16	2	0	1	
	info	sta	UPA	
	N. B.—WRITE PLAINLY, TH UNFADING INK—THIS IS A PERMANEN RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTIM. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	)
	y ite	SS	t of	-
M	Ever	CIAN	emen	
4	ORD.	IXI	stat	
	RECC	PI	Kact	
MARGIN RESERVED FOR BINDING	N.	Z	d. I	
NIO	ANE	ACT	ssifie	
BIN	ERM	EX	y cla	te.
OR	AP	ted	perl	tifica
F(	IS IS	e sta	e pr	TION is very important. See instructions on back of certificate.
VE	-THI	ald blu	ay b	sck o
SER	INK-	sho	it m	on b
RE	DNG	AGE	that	ions
GIN	PADI	ied.	ns, se	truct
MAR	UNI	lqqu	tern	e ins
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	-WF	mati	CAL	TIO
V. S. No. 1	I. B.			
>	14			

STATE OF MARYLAND—CERTIFICATE OF DEATH				
1. PLACE OF DEATH	93-2			
County Moulgamery	Registration Dist. No. 21422			
Village or City Takana Park	No. Washington Sanitarum & Hofule Ward death occurred in a hospital or (natitution, give its NAME instead of street and number)			
Langth of residence In city or town where death occurredyrs,mos.				
2. FULL NAME Mrs. M. alice	Harris			
(a) Residence: No. 910 8 Heorgia UVE (Ugual place of abode)	St., Ward. Wadside, Md.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Worth)  (Day)  (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pobert P. Harris	22. I HEREBY CERTIFY. Thet I attended deceased from april 20, 1933, to april 29, 1933			
6. DATE OF BIRTH (month, day, and year) Och. 29- 1857	I last saw h.o.z. alive on after 28 19.33; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:05 P.m.			
75 6 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, Own Assure Work was dona, as SILK MILL, Own Assure This occupation (month and yaar)  10. Date deceased lest worked at this occupation (month and yaar)  11. Total time (yaars) spant in this 59 yr.	Other Coutributory Causes of Importance:			
12. BIRTHPLACE (city or town) (State or country)	alterio Selera sis			
# 13. NAME Jael J. Terrell				
14. BIRTHPLACE (city or town) Synchburg	Name of operation Date of			
(State or country)	What test confirmed diagnosis? Was there an eulopsy?			
15. MAIDEN NAME Mary Rebecca Hatch  16. BIRTHPLACE (city or town) addison's las.  (State or country) Vermont	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
17. INFORMANT Washington Sanitarum Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL CREMATION, OF REMOVAL Place Creckville Ind. Date 4/29/ 1933	Mannar of injury			
19. UNDERTAKER Warner & Pringhry (Address) Borkwille Ind. Ogder, Wal	24. Was disease or injury In any way related to occupation of deceased?			
20. FILER April 30, 153 3 38 Walder Broken	(Signed) No Man Park DC.  (Address) Jakana Park DC.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sy letter under Dudley 6-13:33- authorizing

(K)	Exact statement of OCCUPA.	3
S. No. 1 (H) MARGIN RESERVED FOR BINDING	M. B.—WRITE PLAINLY, W. A UNFADING INK—THIS IS A PERMANEN ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3 5 6 7 7 NOITER FATHER 11 11 11 11 11 11 11 11 11 11 11 11 11

STATE OF MAR	RYLAND—	CERTIFICA	TE OF DEA	TH U4	130
1. PLACE OF DEATH		(131)			
County Montgomery			Registration	Dist. No. 2.	11
Village or City Dashaschus		No		St	Ward
Length of residence in city or town where death occurred		death occurred in a hospital			
2. FULL NAME Franklin fatime	28.li-	_	oroni or rorongii orinii	J13	
(a) Residence: No. Damaseus M	u I vaion	01 111-11			
(Usual place	e of abode)	St.,Ward.	If nonresident	give city or town	and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDIC	AL CERTIFICATE	OF DEATH	
M. W. OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DE	ATH Spil (Month)	(Day)	, 193 <b>3</b>
5a. If married, widowed, or divorced HUSBAND of		22. 1 HER	EBY CERTIF	V 71-1 1 -4 -4	
(or) ViFE of Heathe Hellon	A miles	October	1932 to a	Y. That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year)	2 1857	I last saw h	0/0/		3; death is sale
7. AGE Years Months Days	If LESS than	to have occurred on the d	late stated above, at 8.	m,	
75 7 1/0	1 day,hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related dus	es of importance	
8. Trade, profession, or particular kind of work done, as SPINNER Hama Sawyer, BOOKKEEPER, etc.	buer-	Chronic	Interstitut	nephrila	Date openset
kind of work done, as SPINNER Taking Cas SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  Work was done, as STLK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and					
- 10 this occupation (month and	time (years) ent in this supation				
12. BIRTHPLACE (city or town) Damaseus.		Other Contributory Cause	of importance:	iff	2.0
(State or country)	d	Carling	ocurous,	Such	to me
13. NAME Waller Hillon				************	
14. BIRTHPLACE (city or town) Damascus (State or country)	med	Name of operation		Date of	
	ma.		nosis?		
	1		ernal causes (VIOLENCE) fil		
16. BIRTHPLACE (city or town) Danuarum (State or country)	<del></del>		cide?	Date of injury	, 19
17. INFORMANT Mrs. Hattie Hillon		Where did injury occur?_ Specify whether injury oc		town, county and S ME, or in PUBLIC	iate) PLACE,
(Address)  18. BURIAL, CREMATION, OR REMOVAL	,	***************************************			
Place Damaseur Com Date afra	il 4 1933	Manner of injury	~======================================		
19. UNDERTAKER J. B. Beall Inc	-		n any way related to occupa	ntion of deceased?_	no.
	Burdette ett. Registrar.	(Signed) (Ardress)	Damas Damas more, Requesting U. S. No.	yer_	M. D

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. W			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

V. S. No. 1

(	14442
0. 217	· (
psibert	Ward
o. 217 Stleet of street and n	umber) sds.
or town and	State
DEATH	Dillie
X	3 ×
ay)	(Year)
t I attended d	
, 19	; death is sald
portance	Date of onset
	Date of onset
Date of	ulopsy?
Date of Vas there an au	utopsy?
Date of Vas there an au the following:	utopsy?
Date of Vas there an au	utopsy?

1. PLACE OF DEATH			44
County Moulgames	cy	Registration Dist. No. 247	
Village or City Oldery		The No. Moule Co. Test Hospital of death occurred in a hospital or institution, give its NAME instead of street and number	War
Length of residence in city or town where o	leath occurredyrs,mos	ds. How long in U.S. if of foreign birth?y\smos	d
2. FULL NAME Stille	m baby Ja	ekson	
(a) Residence: No.	0	St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	3
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
udetermen Colored	OR DIVORCED (write the word)	april 28 193	33 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	V	22. I HEREBY CERTIFY, That I attended decea	
6. DATE OF BIRTH (month, day, and year)	pril 28. 1933	i last saw h alive on, 19; dea	19 ath is sai
7. AGE Years Months	Days if LESS than I day,hrs.	to have occurred on the date stated ebove, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	11. Total time (years) spent in this occupation  Manyland	Other Contributory Causes of Importance:	te of ones
13. NAME Nathau  14. BIRTHPLACE (city or town)  (State or country)	renghrey rendelle	Name of operation Date of What test confirmed diagnosis? Was there an autops	ev?
15. MAIDEN NAME Many ( 16. BIRTHPLACE (city or town) Real (State or country)	ackson aceseille usland	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  Where did injury occur?  (Specify city or town, county and State)	
17. INFORMANT to suited !	records	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
19. UNDERTAKER (Address)  20. FILED 5 8 , 197.5 C	at Rospilal S. Bunsley	Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	√ M.
	Registrar.	(Address) dund 5/2	-

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	200 1 200 44		
	Harris Name and American		

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH County Montgomery			Registration E	04131 Net No. 2/7
Village or City Brookevi	lle, Maryl	and	No.	St Ward
		(lf	death occurred in a hospital or institution, give its NAME	instead of street and number)
		yrs,illos		yrsus.
2. FULL NAME John H.		aw? _wd		
(a) Residence: No. Brooke	(Usual place	e of abode)	St., Ward.	rive city or town and State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 11,	(Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Sallia	T. Jamey		22. I HEREBY CERTIFY June 1, 1932 to Ap	f. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	Sept. 19,	1866	I last saw him elive on April 11,	19 33 ; death is said
7. AGE Yeers Months	Deys	If LESS than 1 dey,hrs.	to heve occurred on the date steted above, et6_P	
67 6	23	ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuse were as follows:	s of importence  Date of onset
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retired	Farmer	Coronary Thrombosis	4/11/3
work wes done, es SILK MILL, SAW MILL, BANK, etc	Sp.	time (yeers) ent in this cupetion		
12. BIRTHPLACE (city or town) Brooke	ville,		Dther Contributory Causes of Importance:	
(Stete or country) Maryla			General Arteriesclerosis	6/1/32
13. NAME Samuel A. Jan				
13. NAME Samuel A. Jan  14. BIRTHPLACE (city or town) Balt (State or country) Max	imore, yland		Neme of operation None  What test confirmed diagnosis? Examinati	O.D. Wes there an autopsy NO
15. MAIDEN NAME Catherin			23. If death was due to externel causes (VIOLENCE) fill	
O 1 16 KIRTHPLACE (city or town)	keville,		Accident, suicide, or homicide? D Where did injury occur?	
17. INFORMANT Mr. H. G. F. (Address) Brighton, N			Where did injury occur?(Specify city or t Specify whether injury occurred in INDUSTRY, In HDF	own, county and State) ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Worders Sun	Dete afr	il 12,1933	Menner of injury	
19. UNDERTAKER That face (Address) Thursday	sir		24. Wes diseese or injury in eny wey related to occupa If so, specify (Signed)	tion of deceased?No
20. FILED April 12, 19 3 3 (	1 Jane	Registrar.	(Address) Sandy spring)	Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
277 747 9			
Other contributory causes of importance:		Other contributory causes of importance:	Arriva Sa
Gallstones	May 1,1923	Gastroenteritis	1 year

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BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. m TION is

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04133

<u> </u>	
Registration Dist. No. 2	17
molg les den Books st.	
death occurred in a hospital or institution, give its NAME instead of street and n	Ward
death occurred and a hospital of institution, give he invalve, instead or street and in death occurred and in death occurred and in death occurred and institution, give he invalve, instead or street and in death occurred and institution, give he invalve, instead or street and in death occurred and institution, give he invalve, instead or street and in death occurred and institution, give he invalve, instead or street and in death occurred and institution, give he invalve, instead or street and in death occurred and institution, give he invalve, instead or street and in death occurred and institution	
Town long in 0.5. if of foleign bitting	3
ong.	
St Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
thee om 1/9/	, 1933 (Yeer)
(Month) (Day)	(Yeer)
22. I HEREBY CERTIFY, Thet I ettended	teceased from
, 19, to	19
	; deeth is said
to heve occurred on the date stated above, et	
The PRINCIPAL CAUSE OF OEATH end releted ceuses of importence were as follows:	Date of onset
Frez Persenlole.	Date of onset
full term 1 hot viole	
when when servat	
opm.	
Other Contributory Causes of Importance:	
Complied of Cobo	
any acts	
Neme of operation Provided in Dete of	
Whet test confirmed diegnosis? Max. Wes there an e	utonsy?
23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following	
Accident, sulcide, or homicide?	
	, 19
Where did injury occur? (Specify city or town, county and State	)
(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	CE.
••••••••••••••••••••••••	
Menner of injury 2222	
Neture of Injury 2222	
24. Was disease or injury in any way releted to occupation of deceesed?	-
If so, specify	
(Signed)	M. 0.
(Address) Odniky Sp.	
2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

If more blanks are needed address State Registrar,

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis	Date of onset	The principal eause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-


Exact statement of OCCUPA. plnods RECORD. Every item of PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING MATH UNFADING INK-THIS IS A PERMANER N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(15-20) (14134
County Montagnerry	Registration Dist. No. 3/6
Will all Road and a last	Kallett Will was the
A) (If	death occurred in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Granula Cussell	Marrieng
(a) Residence: No. 524 Maple Relige Rd	St., Ward,
(Usual place of about)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PLYORCED (write the pword)	21. DATE OF DEATH
Female White Widowik	(Month) (Day) (Year)
5a. If married, widowed or divorced	
HUSBAND of Bleveland Phat Marining-	22. I HEREBY CERTIFY, That I ettended deceased from
Da- 10 1061	, 134
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on Africa 24, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.05/b.m.
/60 4 13 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	artero Leterana 1928
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arthrefix Deforman 1923
Mork wes done, as SILK MILL, SAW MILL, BANK, etc	
U 10 Dato deceased last worked at 11 Total time (years)	
this occupation (month and spant in this occupation occupation	
40 0.0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  Kont - English	acute fallenlay Journel Du
	and thysearsletis \$ 5 als
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLAOD (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy? La
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT AND THE STATE OF	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
8. BURIAL, CREMOTIDN, OR REMOVAL Ballo ma	Manner of injury
Place Facourant Date april 27, 1933	Neture of injury
19. UNDERTAKER Henry II. Kriking Bow Co	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) In Carlot of and and Alfra	If so, specify
0 2 8 8 10 00	(Signed) Kishing & Raman M. D.
20. FILEDISC 25, 1933 No Jen Project at	(Address) 2921 - Angelia Life H. H.
Acgistrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, sonp factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. P.	Average II.		
Other contributory causes of importance:	411111111111111111111111111111111111111	Other contributory causes of importance:	ш.
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING H UNFADING INK-THIS IS A PERMANEN N. B.-WRITE PLAINLY

V. S. No. 1/

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	59
County Montgomery	Registration Dist. No. 2/6
Village or City Cherry Gaset	No. 3 E drong St., Ward
	(If death occurred in a hospital or institution/give its NAME instead of street and number)
2. FULL NAME Frances All	un morgan.
(a) Residence: No. orynona, mennes	Costa Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of  The state of the stat	
(or) WIFE of Stephen M. Molgan	22. HEREBY GERT IFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw he alive on Am 11 , 1933; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 Pm.
82 / 29   1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trada, profession, or particular kind of work dona, as SPINNER	(1) Chronic myocardetes
SAWYER, BDDKKEEPER, etc. M. M. M. M. S. Industry or business in which	DA total
kind of work dona, as SPINNER SAWYER, BDDKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and spent in this	(1)00201000
10. Date deceased last worked at this occupation (month and year)	
Fulton N. En	Other Contributory Canees of Importance:
12, BfRTHPLACE (city or town) . (Stata or country)	
13. NAME Chas of Allynt	
13. NAME Chas A. Allynd  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 101 of Tamable	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME NOT OFFICIAL CONTROL (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Nio: Shell a - Kang. (Addrass) 3. 8. Brings C. md!	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Imana / Name !Data	Nature of injury
19. UNDERTAKER JOS. Santessandine.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Cyc 5, 19 3 & B C. Perrer Registrar.	(Signed) Smftgar M. D.  (Address) 5437 6 m AN WW Known
If more blanks are needed, address State Registr	at, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1950	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	SEQ1 D 300	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			ICSVIEW.	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
				1

TH UNFADING INK--THIS IS A PERMANENT RECORD

FOR BINDING

MARGIN RESERVED

ma

PLACE OF DEATH	STATE OF MARYLAND
County Montgornery	CERTIFICATE OF DEATH
0 0	(58) Registration Dist. No. 2/6
Village or City Prop Punsuf (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Dufant M	St.: Ward) a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED GRED (Write the word)	16 DATE OF DEATH APY 1 3 , 1933 (Month) (Day) (Year)
6 DATE OF BIRTH  March 13, 1933  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Pleyselfstreet that I last saw halive on, 192,
7 AGE   If LESS than	and that death occurred on the date stated above, at
yrsdsds. ormin.?	The CAUSE OF DEATH * was as followed query
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Malnutrition (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Daration)  yrs
10 NAME OF HAVING MURRAY	(Signed) B. C. Perry, M. D. Afr 13 1933 (Address) Betherda, M.D.
11 BIRTHPLACE OF FATHER (State or country) WARY Land	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rathering Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Organical	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE TO	it not at place of dea h?
(Informant) Harry Murray	To BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Brookmonf, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL APR 14, 1938
15 Filed april 13 1933 B. C. Perry M. &. Régistras	20 UNDERTAKER RODRESS 29 49 7 Close
If more banks are needed, addre a tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1. Washer 4 -

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

carbolic acid-probably suicide. The n-ture of the injury, approved "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma, use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, aceident; Revolver wound of head-homicide; Poisoned by Examples: A ceidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the Chronic etc. valvular heart The contributory " "Convulsions, Measles; disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state RECORD. Every item of infor-Exact statement H UNFADING INK-THIS IS A PERMANEN stated EXACTL properly classified. MARGIN RESERVED FOR BINDING mation should be carelany supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. N. B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B) U4137
County Montagnery	Registration Dist. No. 2/3
Village or City Ellen	St.,
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Viction B. Peters	
(a) Residence: No. Allen, my	St., Ward.
(Usual place of abode)	If nonresideat give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Male  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
58. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	April 4 ,19,38, ar 8.30 mm
6. DATE OF BIRTH (month, day, and year) March 28 -1916	Heat saw h alive on , 19 ; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
20 0   0   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, Schwol buy	Themorrage of thork
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Same Shor mad
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
man	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Shot good mond
# 13. NAME Les. Frombain Veles	Over Throng hear
13. NAME Sto. Fountam Veltas  14. BIRTHPLACE (city or town).	Name of operation. Parage Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Uma Maud Truy 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide 12 Control Date of injury 11 4, 19.33
my 4 f Peless - moels	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Alara - Maniford	They frome
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Short gone descharge
Place 1 Olomae Chaffer - 1 ombate Copie 1933	Nature of injury Through Class & Throng
19. UNDERTAKER COM. Wentey tumpling	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 4/6 , 1933 Mrs. W.J. Trall-	(Signed) (Address) Markett Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

See instructions on back of

19. UNDERTAKER

(Address)

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	© 04138
County nontgonery	Registration Dist. No. 216
Village or City Rev Lesda	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1, 18 12, 6	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME of aut of Raymond & ad	et May omel
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Cpr. 7, 193 2,
ba. If married, widowed, or divorced	(Molth) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0	, 19, to, 19
6. DATE OF BIRTH (month, day, and yeer) Apr. 4-1935	I last saw h alive on, 19, death is said
7. AGE Years Months Days If LESS than I day. hrs.	to have occurred on the date stated above, atm.
O O O O O O O O O O O O O O O O O O O	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Adulhisel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stellocky
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
D. Pate deceased last worked at II. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city of town) Kar Berlanda, Mid.	Other Cautributary Causes of importance:
(State or country)	
13. NAME Raymond Powell	
13. NAME Raymond Powell  14. BIRTHPLACE (city or town). Beach	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Edish Way Hear	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Edix Way Kael  16. BIRTHPLACE (city or town). Bix he dix	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT US Staell Staell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate19	Nature of injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specif (Signed)

(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over bu street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH item of pluods Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town whera death occurrad \_\_\_ vrs mos. ds. How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. ECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, 21. DATE OF DEATH OR DIVORCED (write tha word) classified 5a. If married, widowad, or divorcad HUSBANO of RTIFY. That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dev, and yaer) properly 7. AGE Yaars If LESS than Months Devs to have occurred on the date stated above, et 2 1 day .....hrs. The PRINCIPAL CAUSE OF OEATH and related causes of importance or ..... min. Oata ol onset 8. Trada, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, atc .... may 9. Industry or business in which work was done, as SILK MILL, plnods SAW MILL, BANK, atc ..... 10. Date deceased last worked at 11. Total time (years) spent in this 50 4no this occupation (month and that Other Cantributary Causes of importanca: 12, BfRTHPLACE (city or town) (State or country) HER 13, NAME FAT Name of operation 14. BIRTHPLACE (city or town) plain (Stata or country) What test confirmed diegnosis? \_\_\_\_\_ Was there an autopsy? efully HER 15. MAIOEN NAME 23. If daath was due to external causas (VIOLENCE) fill in also the following: = MOT 16. BIRTHPLACE (city or town) por (State or country) Whare did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE nation LION Neture of Injury 19. UNOERTAKER (Addrass) If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N

BINDING

RESERVED

MARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MIN 8 1738	\		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County // byryomery	Registration Dist. No. 2/4
Village or City Allryn Spring	No. Lo DT - Musical St., War If death occurred in a horpital or institution, give its NAME, rasped of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME PArland, 12500	to del (2 =)
(a) Residence: No. 607 Mussiansh	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH April 27, 1933 (Year)
5a. If married, wildowed, or divorced HUSBANO or (or) WIFE of	22. A I HEREBY CERTIFY. That I attended deceased from
Ah: 1 a H 1000	Mpsil 27 1933, to Upsil 27 , 1933
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the data stated above, at 1:30 m.
1 day, 9hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
3. Trade, profession, or particular	were as follows: Date of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 minung 4-17
✓ 1. 9. Industry or business in which	
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and spant in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) ALMAN AGNONY III	
(State or country)	
14. BIRTHPLACE (city or town) . J. Laguratown	7/2
[State or country]	Nama of operation Oats of Oats of
	What test confirmed diagnosis? Was there an autopsy?
- Ilanda Parine	23. If death was due to external causes (VIOL ENCE) fifl in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
Mr. P & Bushad	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLic PLACE.
17. INFORMANT // / / Williams (Address)	Specify whether injury occurred in MOUSTRY, in Hollie, of in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Adag juloun Wyl Dete Cifra 2 1, 19 32	- Natura of fnjury
Red D. Pouland	24. Wes diseaso or injury in any way related to occupation of deceased?
(Address) (Address)	If so, specify
20 FILESTAND 27, 1933 J. E. Wandling	(Signad) Mutchell M.
20, FILEBURNE 2, 1, 1933 T. E. Wardley (Resistrat.	(Address) September May
If more blanks are needed laddress State Registered	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTL properly classified. H UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. mation should be earefuny supplied. N. B.-WRITE PLAINLY,

V. S. No. 1

	STATE (	OF MARYLAND-	CERTIFICATE OF DE	ATH
1. PLACE O	F DEATH		(167)	44141
County_	montgome	ueug.	Registrati	on Dist. No. 214
Village or C	City Cilver	Spring	No	St, War
Length of resi	idence in city or town where		ds. How long in U.S. if of foreign birth?	
2. FULL NA	ME John Y	R. Jd. Bauryer		
(a) Residen	nce: No. Silve	(Usual place of abode)	St., Ward.	leni give city or town and Stale
PERSON	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX 5a. If married, widow	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)	/ (Day) , 193 3 (Year)
HUSBAND of		lia Sauryex		FY, That I attended deceased fro
	(month, day, and year) Company Months	Days If LESS than 1 day,hrs.	I last saw h alive on to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related c	, 19; death is sel
8 Trade profes	ession, or particular work done, as SPINNER, BOOKKEEPER, etc.	atired Fireman	were as follows:	first Date of onse
SAW MIL 10. Date deceas	business in which s done, as SILK MILL, LL, BANK, etced last worked at upation (month and	11. Total time (years) spent in this occupation	Seen that wour temporal region	d right
12. BIRTHPLACE (city (State or court	ity or town)	lington,	Other Contributory Causes of importance.	
13. NAME (	Ubert Ba	unier		
14. BIRTHPLACE		<b>9</b>	Name of operation	Date of
(21916.01	r country) Mago		What test confirmed diagnosis?	Was there an autopsy?
16. BIRTHPLACE  4 Stote or  17. INFORMANT 40  (Address) 3	country) wal	t Courser	23. If death was due to external causes (VIOL ENCE Accident, suicide, or homicide?  Where did injury occur?  Specify city Specify whether Injury occurred in INDUSTRY, in	L. Date of injury april 10, 193 3
18. BURIAL, OREMAT	HON, OR REMOVAL		Manner of injury & unal + n	mad night
Place CO.	ester, Pa	Date Opril 14, 1933	Nature of Injury temporal region	. Bullet in brain
	Cocheville	Pumphrey.	24. Was disease or injury in any way related to occ	cupation of deceased?
20. FILED Jank		76. Wurden Registrar.		Leorgia ave
	If more	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. I	No. 1. Schole spelly,

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Chronic interstitial nephritis	1921	Run over by street ear A 11 AELE	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SSS1 9 AVYV	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(131)	
County Institution	1	Registration Dist. No. 22	3
Village or City Lakams	Backe	No. 2/3 Maple ave St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in city or town where death	occurredyrs,mos	ds How long in U.S. If of foreign birth?yrsmos	sds.
2. FULL NAME of lorg.	Gas S	cott	
(a) Residence: No. 2/3 7/1	Cople an	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED, DAVORCED (write the word)	21. DATE OF DEATH Prie / 4/ (Day)	193.3 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Winfuld	4 Seatt	1 HEREBY CERTIFY, That I ettended d	deceased from
6. DATE OF BIRTH (month, day, and year) /2//	9/1854	I last saw her alive on March 3(5, 197)	; death is said
7. AGE Years Months 3	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 8:05 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onsat
8. Trade, profession, or perticular kind of work done, as SPINNER,	me	Toxenia	12-1-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		) or enco	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion		
12. BIRTHPLACE (city or town) - Wils. (State or country)	on n. e.	Other Contributory Canses of Importance:  Candio vas enter remail des uno	2400
13. NAME W 31 - 201	1		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	e	Name of operation Date of What test confirmed diegnosis? Was there an au	utanev? 10
15. MAIDEN NAME Mary C	villiams	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary (	7	Accident, suicide, or homicide? Date of injury	, 19
(State or country)  7. INFORMANT Augusta C (Address) 2/3 m	Deemer	Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Hashington D. D.	ate 4/1 ,1933	Manner of Injury	
19. UNDERTAKER Jas Symbia.  (Address) Junahington	Sing.	24. Was disease or injury in any way related to occupation of deceased?	ho
20. FILED april 1, 19 3 30 7	o. E. Noger	(Signed) W July (Address) 621-210+ 21- 200	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Ho. No. hing Von

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

Exact statement

properly classified.

be of

certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLA

V. S. No. 1

important.

TION is very

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04143
1. PLACE OF DEATH	(00)
County monlymers.	Registration Dist. No. 214
Village or City Sellver Sprung	NoSt., War
(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  Copril  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (ar) WIFE of Marry B. Spencer  6. DATE OF BERTH (month, day/and year) May 7, 86 7  7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, Sormin.  9. Industry or business in which work was done, as SILK MILL. A Bulg Irades Union.  SAW MILL, BANK, etc	1 HEREBY CERTIFY. Thet I attended deceased from the last saw handler on the date stated above, at 11 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:  Date of onse
work was done, as SILK MILL.  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  Work was done, as SILK MILL.  SAW MILL, BANK, etc.  11. Total time (years)  spent in this occupation  Occupation  Unitarity	Other Contributory Course of importance:  Office Contributory Course of importance:
13. NAME Samuel Spencer  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation
15. MAIDEN NAME NOT Almonds  16. BIRTHPLACE (city or town)  (State or country)  Sermany	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Lewis B. Spensell  (Address) Selver Spring mel.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed)

(Address)

26

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		ESET OF REAL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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•	ECO	×	
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BINDING	PERMANEN BEVACTIV	rly classified.	
BIL	PER	y cl	cate.
	7	E	Ca

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
---------------------------------------	----------	-------	------	----------	------	----	-------

04144

1. PLACE O		A		(940)	2 1 /
County	1	omery		Registration Dist. No. @	
Village or (	CityBethesda()	ld.		No. 5300 Edgemore Lane	SK, Wai
Length oI res	idence in city or town where	death occurred	yrs,mo	to death occurred in a norpital of institution, give its NAME instead of stribds. How long in U.S. II of foreign birth?yrs	eet and number)
	ME Bernhard				
	nce: No. 5300 Ed			xxxxxxxwwwx Bethesda, Md.	
(a) nesidei	icc. No. Leggo of the	(Usual place	of abode)	If nonresident give city or to	wn and State
	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	TH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	No
Male	White	Marrie		(Month) (Day)	, 193-3 (Year)
5a. If married, widov HUSBAND of	wed, or divorced	P. 0		22. 1 HEREF CERTIFY, That I a	
X(PC)XWIFE OC	Melle	7. AR	elle	Jan 10 1988 10 all 1/2	7 - 1983
6. DATE OF BIRTH	(month, dey, and year De C	30th.	1872		9.33 ; death is sa
	ars Months	Days	If LESS than	to have occurred on the date stated above, at	5
	60 3	27	l dey,hrs_ ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Important	1
8. Trade, profe	ession, or particular			au a in the	Datyolons
SAWYER SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc	lanager	Glass Co.		
work wa	business in which as done, es SILK MILL,				
SAW MI	LL, BANK, etcsed last worked at	I1. Total t	me (years)		
	upation (month and	spai	ntin this		
12 DIDTURE LOT /-	ity or town) Md.			Other Contributory Causes of Importance:	
(State or cou				ex haunune	
13. NAME	Bernhard Spi	lle			
-	E (city or town)			Name of operation	
(State or	country) German	ľV		What jest confirmed diagnosis? Wes the	
15. MAIDEN NA	ME Charlotte	Tetzlo	ff	22. If death was due to externel causes (VIOL ENCE) fill in also the I	
15. MAIDEN NA	E (city or town)			Accident, suicide, or homicide? Date of injury_	_
∑ (State or	r country) Germa	iny		Where did injury occur?	
IT. INFORMANT _B	ernhard G.S	spille.		(Specify city or town, county of Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	and State) LIC PLACE.
(Address) 5	300 Eugemor		Bethesda		
18. BURIAL, CREMAT	TON, OR SELIOVAL	Punt. ma	41 00	Manner ol injury	
Place	11 10	Date Date	19.33	Mature of injury	
19. UNDERTAKER	The Bosto	Hines	00.00	24. Was diseese or injury in any way related to occupation of deceas	
(Address)	2901-14th	St., N.W	. Was . of	II so, specily	
20. FILEDUSS.	3 0,1933 13	. (10	vuy m	(Signed)	
	U .		Registrar.	(Address) (330 - 30 5 5 7	476.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Barrier H			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04145
1. PLACE OF DEATH	84-00
County montgomen :	Registration Dist. No. 2/4
Village or City Silver Offining	No. 9/3 Silver flowing avet., Ward death occurred in a hospital or institution kive its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	
2. FULL NAME hammie Rite man	Swindell
(a) Residence: No. 913 Silver Shing an	∨€ St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1932 (Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Luceum Hoy Sevende	1932 to Am 12 10 33
6. DATE OF BIRTH (month, dey, and year) h n = 29 1880	Hast saw h Me alive on Afr 12 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et. 6.35 Am.
3-3 / /7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8 Trade profession or particular	Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	applus.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	
SAW MILL, BANK, etc	
O 10. Date deceased lest worked at this occupation (month and yeer)	
4 7	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E	
14. BIRTHPLACE (city or town) (Stale or country)	Name of operation
15. MAIDEN NAME Margamete Buston	Whet test confirmed diagnosis?
E Company	23. if deeth was due to externet ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)   Standard	Where did injury occur?
17. INFORMANT Sawrence Swindell (Address) 9/3 Silver Swindell	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place Woodside mg Octo hil 14,1933	Neture of injury
19. UNDERTAKER W. Rymphrey Pymphrey	24. Wes disease or injury in eny way related to occupation of deceesed?
, VI more con ma.	If so, specify
20. FILEO 4/ /2 , 19.33 5-8. Wellow Registrar.	(Signed) M. D.  (Address) & Stry Lary A A L
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

should state

of OCCUPA.

STATE C	F MARYLAND—	CERTIFICATE OF DEATH U41	45
1. PLACE OF DEATH	A March 3 M	(106-7)	
County ////	HUMUU	Registration Dist. No. 21	8
Village or City Occasion	mergerery	No. St.,	Ward
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and ni ds. How long in U.S. if of foreign birth?	
2. FULL NAME THEN A	Jeans Te	who	
(a) Residence: No. Gove	There here	Ist, Ireword.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	193 <b>3</b>
Aa. If married, widowed, or divorced HUSBAND of (or) WIFE of	J. Taylor	22.   I HEREBY CERTIFY, That I attended d	```
C DATE OF DIDTH (	17-9-1854		; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days I If LESS than	to have occurred on the date stated above, at 2. P.m.	, death is said
78 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	muc - unge	Britishing'	118/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et		Hypatistic Congulin	
SAW MILL, BANK, etc	11. Total time (years)	N B lango,	1//33
this occupation (month end / 4/2 year)	spent in this 3 7	myscardial repetitioners.	3/20/3
Long	en Co.	Other Contributory Causes of Imagritance:	
12. BIRTHPLACE (city or town) (State or country)	11000	- All and a second and a second a secon	
13. NAME	entolin Taylor		
13. NAME  14. BIRTHPLACE (city or town)	den Co, Na	Name of operation Date of	
(State or country)	1	What test confirmed diagnosis? Wes there an au	itonsv?
15. MAIDEN NAME May	anni. adam	29. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME MORY	un Co, Va	Accident, suicide, or homicide? Date of injury	
(State or country)	0	Where did injury occur?	
17. INFORMANT Beulah (Address) garaner	this any	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION OR REMOVAL	Present	Manner of injury	
Plece Galbers	Date 1117/, 1933	Nature of injury.	
19. UNDERTAKER	actory	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	thersborg	If so, specify	
20, FILED CERIL 29, 1933 Pel	reida & Conko	(Signed)	M. D
	Registrar.	(Address) ganthurang,	19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(4) U4 i 4 :
County Monty omers	Registration Dist. No. 2/3
Village or City Dickers	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	
2. FULL NAME Hannie O.	hompson
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Famale White OR DIVORCED (write the word)	Horik (Pay) 193 3 (Year)
5a. If married, widowed, or divorced	22. / J HEREBY CERTIFY. That I attended deceased from
(or) WIFE of James M. / hompson	52pt 1 1 1932 to april 7 1933
6. DATE OF BIRTH (month, day, and year) The 7-1863	I last saw h ex alive on afril 4 1 ,1903; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1,5.4 P, m.
65 4 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housekurjaer SAWYER, BOOKKEEPER, etc.	Corernoma of Stomach union
Wind of work done, as SPINNER, House Keeper SAWYER, BOOKKEEPER, etc.  9. Idustry or business In which work was done, as SILK MILL, CLUM house SAW MILL, BANK, etc.  10. Dato deceased last worked et this occupation (month and seemed in	
1D. Dato deceased last worked et this occupation (month and 1/32 spent in this year)	
12. BIRTHPLACE (city or town) Va	Dither Cuutributery Causes of importance:
(State or country)	
13. NAME Thomas M. Bown	
13. NAME JMMUS M. BUULING  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What lest confirmed diagnosis? What lest confirmed diagnosis?
15. MAIDEN NAME Lucinda Terry	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME LICINADA ILITY  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT of Follows (Address) Distursion	(Specify city or tuwn, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL PIECE Bullswill Date 4/9 1933	Manner of injury
- R 7 - 2 8 P 11	24. Was disease or injury in any way related to occupation of deceased?
(Address) Rockville Tudo	If so, specify
20 FILED apr 8 1933 Elv. White	(Signed) M.D.
Registrar.	(Address) Wicklison

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows:  Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
A CONTRACT OF THE PARTY OF THE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	------------	----	-----------

	ECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
V. S. No. 1 (-1) MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WH UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04148
1. PLACE OF DEATH	82-0
County Moutgomery	Registration Dist. No. 2/4
Village or City Adssignation (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
// 2-	dead occurred in a inceptation institution, give its 147-1412 instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Lulie Ellen 7 Va	ugh
(a) Residence: No. Russy M	Ist., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  Ferrale  4. COLOR OR RACE  OR DIVORCED (write the word)  Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a) If married, widowed, or divorced HUSBAND of William Jasper Waugh	22. I HEREBY CERTIFY, That I attended daceased from
O John	April 23, 1933, to april 25, 1933
6. DATE OF BIRTH (month, day, and year) / 0 / 7. AGE Years Months Oays If LESS than	1 last saw h aliva on
( ) 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, housewife sawyer, BOOKKEPER, etc.	were as follows: Levebral hemorrhage 4/23/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation founds and	
10. Date deceased last worked at this occupation (month and 23, 1933 spent in this year) 23, 1933	
12. BIRTHPLACE (city or town) - Unique Control (State or country)	Other Contributory Causes of Importance:  Arternosclerosco
13. NAME Franklin D. Herrell	
13. NAME Franklin D. Herrell  14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Brown	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Mary Browy 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Willaam, Waugh - (Address) Krusing Lie & And.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Danies Journ - Med Oata Opin 27, 19 33	Manner of Injury
19. UNOERTAKER OM. Peuten Tumpfung.	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILED 4-26, 1933 W K Jewis Registrar.	(Signed) Katharine A. Ghabman M. D. (Address) 20 W. Balto. St., Kenkington
If more blanks are needed address State Penistran	ALL N. Charles Street Bellimore Personner T) S No - S

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	s follows:	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	WAY 49 LEADS	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.S				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				- 11	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04149
1. PLACE OF DEATH	(89)
County Montagomen	Registration Dist. No. 2/4
Village or City Q. Q. Slaving	No. 918 Thomas Ove St., Ward death occurred in a hospital or institution give its NAME instead of street and number)
	ds. How long In U. S. if of voreign birth?yrsmasds.
2. FULL NAME TO thy Hampton Wor	otton
(a) Residence: No. 918 house and Julie of abode)	MinSt., Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH . 26 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
M 0 2 1040	march 15, 1933, to april 26, 1933.
6. DATE OF BIRTH (month, day, and year) / Worker 1 103 7. AGE Years Months Days 1 LESS than	last saw here alive on Control 2 1933; death is said
7. AGE Years Months Days Af LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.4/P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Tormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Ladrate Musse. SAWYER, BOOKKEPER, etc	Carcinoma of Cerry Wer
9 Industry or business in which	with Thetastacis to
work was done, as SILK MILL, Hospital	12 Hudden and Section 1930
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) this occupation by the control oc	
12. BIRTHPLACE (city or town) Popleanle	Vagual and Rectal Hemorels april 20
(State or country) manyland	1 1933
13. NAME pormand Wootlon	
14. BIRTHPLACE (city or town) - Po-leavelle (State or country)	Name of operation Augustical Date of Act, 193, What test confirmed diagnosis? McCoccopy Was there an autopsy? No
15. MAIDEN NAME & Edith Colors well	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Por lesselle (State or country)	Accident, suicide, or homicide? Date of injury
17. INFORMANT MAS Norman Woother	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Sullis Ille Carely Date april 28, 1933.	Manner of injury
19. UNDERTAKER Marne Bringhey	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Chil 27, 1933 JE William Registras.	(Signed) A H Howlett M. D.  (Address) 928 Sligo CW. Libral from h. O.
If more plants are needed Address State Personal	N Charles Street Belginson Brown 971 C. N.

6. 4 4 4 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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BUREAU V.S			1,50
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TIDDITION	DI ZIULI	T. OIL	T. C. I. T. T. T. T. T.	DATE THE THE PARTY AND	27 1	T TT Y MAY MAKET

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